

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

CONTRACTOR

DOPL-AP-041 REV 9/30/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in a denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or post office box for your address of record instead of your home address.

Social Security Number: A social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for DOPL's licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). If a social security number is not provided when required, the application will be incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. To verify registration with the Utah Division of Corporations submit the following documents that relate to this application:

Sole proprietor or partnership: If the applicant is using any name other than the applicant's given name, submit a copy of the "DBA Registration" filed with the Utah Division of Corporations. Adding any word(s), e.g., construction, masonry, plumbing, etc. to the given name requires a DBA registration.

Utah Corporation, LLC, Trust, etc: Submit documentation from the Division of Corporations that shows that the licensee's registration with the Utah Division of Corporations is current and in good standing.

An entity organized in a state other than Utah: Submit a copy of a “Utah Certificate of Authority” or a “Business Name Registration” from the Utah Division of Corporations.

Other names that the applicant desires to use in conjunction with the license:

Submit a copy of the “DBA Registration” filed with the Utah Division of Corporations to verify that the applicant has the right to use the name.

2. Submit a “Certificate of Insurance” issued by the applicant’s public liability insurance carrier. Minimum required coverage is \$100,000 for each incident and \$300,000 in total. The named insured and address of insured listed on the certificate must be the name and address of the applicant, and DOPL must be named as the certificate holder.

This certificate is a separate document provided by your insurance agent. Copies of a policy are not acceptable. We are unable to accept incomplete or insufficient certificates. A certificate with a temporary binder will be acceptable only if it provides that a permanent certificate will be issued upon or prior to the commencement of operations.

3. **If the applicant hires, or intends to hire, employees in the next 12 months** the following documents are required:

~~EE~~ **Workers’ Compensation:** Submit a “Certificate of Insurance” issued by the applicant’s workers’ compensation insurance carrier. The named insured listed on the certificate must be the same as the name on this application.

For an applicant whose office is located outside of Utah, the certificate must show that the insurance covers employees working in Utah.

~~EE~~ **Unemployment Insurance:** Submit a copy of the registration form or quarterly billing from the Utah Department of Workforce Services. The document must show the applicant’s name and account number printed on it by the department. The name on the account must be the same as the name on this application.

~~EE~~ **Utah State Tax ID Number:** Submit a copy of a return or payment coupon. The document must show the applicant’s name and payroll withholding tax account number printed on it by the Utah State Tax Commission. The name on the account must be the same as the name on this application.

~~EE~~ **Federal Tax ID Number:** Submit a copy of a return or payment coupon. The document must show the applicant’s name and federal ID number printed on it by the Internal Revenue Service (IRS). The name on the account must be the same as the name on this application.

OR

Employee Leasing Company: If the applicant leases employees from an employee leasing company, submit an executed copy of the agreement with a certificate of workers’ compensation insurance showing the leasing company and applicant as insured parties.

OR

Affidavit Claiming No Employees: If the applicant does not currently have and does not plan to hire employees in the next 12 months, sign the “Affidavit Claiming No Employees” found in this application.

4. **Original Test Score Letter(s):** Submit the letters received from Experiior with the applicant’s qualifying individual’s passing score(s) for the Utah Contractor Business - Law Examination and any required trade examination(s). (Keep copies for your records.)

If the qualifier has passed the trade exam in Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Michigan, Mississippi, Nevada, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, request that the state include the examination information on the “Request For Verification of License” form attached to this application. (See “Electrical and Plumbing Qualifiers” information under “Additional Important Information.”)

5. **Affidavit of Qualifying Experience:** Submit a form (attached to this application) signed by each employer documenting that the applicant’s qualifying individual meets the qualifying experience requirement. (A complete list of contractor classifications can be found in Experiior’s “Candidate Information Bulletin” attached to this application.)

If a contractor has gone out of business, won’t sign an affidavit, etc., an applicant’s qualifier may submit W-2’s and tax returns for the years covering the experience and the following:

☞ For supervisory experience, provide at least two letters from building officials.

☞ For non-supervisory experience, provide at least two letters from building officials and/or suppliers.

Letters must be on the building official’s or the supplier’s letterhead, be dated and signed, and state how long the building official or supplier has known the individual to be an employee of the licensed contractor and what his/her specific responsibilities are/were during that period of time.

6. **Financial Responsibility:** Complete the Financial Responsibility Section of the “Contractor Qualifying Questionnaire.”

OR

Submit a DOPL “Aggregate Bonding Limit” form that has been filled out and signed by the applicant and the applicant’s bonding company, verifying the aggregate bonding limit. (These forms are available from DOPL upon request.)

7. **Licensing Fees:** Licensing fees are for processing the application and are **not refundable**. Submit:

~~✓~~ \$210.00 for an E100 General Engineering Contractor license
~~✓~~ \$210.00 for a B100 General Building Contractor license
~~✓~~ \$210.00 for an R100 Residential & Small Commercial Building Contractor license
~~✓~~ \$210.00 for a license in a specialty classification (first classification only)
~~✓~~ \$110.00 for each additional specialty classification after the first initial classification

8. **Residence Lien Recovery Fund:** Submit the \$195.00 initial assessment.

OR

Complete the “RLRF Exemption Certificate” section of this application. Only those that are applying for a contractor classification that is exempt from membership in the Fund may sign the exemption certificate. (Exempt classifications are listed on the exemption certificate.) Because all non-exempt license classifications allow the licensee to work in residential construction, applicants for licensure in these classifications are required to join whether or not they intend to work in residential construction. The initial assessment fee for membership in the Residence Lien Recovery Fund will be refunded upon written request of the applicant if the application for licensure is denied.

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Business-Law Exam:** All qualifiers must pass the Utah Business-Law Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, UT 84118 (801) 355-5009

A reference manual, which has been prepared to assist candidates taking exams, may also be purchased from Experior. In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

~~✓~~ Division of Occupational & Professional Licensing Act
~~✓~~ General Rules of the Division of Occupational & Professional Licensing
~~✓~~ Utah Construction Trades Licensing Act
~~✓~~ Utah Construction Trades Licensing Act Rules

2. **Specific Trade Examination(s):** Applicants must apply directly to Experior, at the address and telephone number above, to register for examinations.
3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
4. **Electrical and Plumbing Qualifiers:** A qualifier for S200 General Electrical Contractor must be a Utah licensed master electrician. A qualifier for S201 Residential Electrical

Contractor must be a Utah licensed master or residential master electrician. A qualifier for S210 General Plumbing Contractor must be a Utah licensed journeyman plumber. A qualifier for S217 Residential Plumbing Contractor must be a Utah licensed journeyman or residential journeyman plumber. A qualifier for I103 Electrical Trades Instructor must be a Utah licensed journeyman, residential journeyman, master, or residential master electrician. A qualifier for I104 Plumbing Trades Instructor must be a Utah licensed journeyman or residential journeyman plumber. **There are separate applications for licensure as an electrician or plumber. An active master electrician or journeyman plumber license must be held by the qualifier prior to the issuance of a contractor license and must remain active as long as the qualifier remains the qualifier.**

5. **Addresses and Telephone Numbers:**

- a. **Workers' Compensation Fund of Utah:** 392 E. Winchester, Murray, Utah, (801) 288-8020
- b. **Utah Department of Workforce Services, Unemployment Insurance:** 140 East 300 South, Salt Lake City, Utah 84111, (801) 526-9330
- c. **Utah Division of Corporations:** 160 East 300 South, 1st Floor, Salt Lake City, Utah 84114-6705, (801) 530-6447, (877) 526-3994 (toll-free) or www.commerce.utah.gov (Click on "Corporations.")
- d. **Internal Revenue Service:** 50 South 200 East, Salt Lake City, Utah, 1-800-829-3676
- e. **Utah State Tax Commission:** 210 North 1950 West, Salt Lake City, Utah 84134, (801) 297-2200

6. **License Renewal:** All licenses expire every July 31st of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

7. **Payments:** Submit one check made payable to "DOPL" for all fees.

8. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

9. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.

10. Mail Complete Application to:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st floor
Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

12. **Fax Number:** (801) 530-6511

DOPL OFFERS A FREE CLASS TO ASSIST YOU IN FILLING OUT THIS APPLICATION AND TO ANSWER YOUR QUESTIONS.

GO TO DOPL'S INTERNET SITE (www.dopl.utah.gov) FOR CLASS DATES, TIMES, AND LOCATIONS OR CALL ONE OF THE PHONE NUMBERS LISTED ABOVE.

APPLICATION FOR LICENSE

The business legal name is the name that will appear on the license and is the actual name under which the contracting business will be conducted. If the applicant for licensure is a business entity, this is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Construction. If you are going to operate under your own personal given name, this will also be your business name.

APPLICATION FOR (check all that apply):

_____ Residence Lien Recovery Fund Registration

_____ General Engineering Contractor (E-100)

_____ General Building Contractor (B-100)

_____ Residential and Small Commercial Contractor (R-100)

_____ Specialty (list title and number) _____

_____ Trades Instructor (list title and number) _____

BUSINESS LEGAL NAME: _____

QUALIFIER'S NAME: _____

Qualifier's Social Security Number: _____ Birth Date: _____

BUSINESS MAILING ADDRESS:

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____

BUSINESS ENTITY TYPE*:

_____ C Corporation _____ S Corporation
_____ General Partnership _____ Limited Partnership
_____ Sole Proprietorship _____ Limited Liability Company
_____ Other Type of Business: _____

**Any license issued under this application belongs to this entity. Any entity change after a license is issued requires a new application and new fees for a license for that entity.*

IDENTIFYING INFORMATION FOR BUSINESS ENTITY TYPE:

Supply the identifying information below for all stock holders (not required if publicly traded) and for all elected officers and directors. For a partnership, list all partners. For a sole proprietor, list the owner. For a limited liability company or any entity type not mentioned here, list all persons who are members or in management. Use additional sheets if necessary.

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Social Security Number: _____ % of ownership _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Social Security Number: _____ % of ownership _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Social Security Number: _____ % of ownership _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Social Security Number: _____ % of ownership _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Social Security Number: _____ % of ownership _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Social Security Number: _____ % of ownership _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

LICENSES:

List all licenses issued by any state which the applicant's qualifying individual(s) now hold or have ever held in a construction related occupation or profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Company Name: _____

License Number: _____

License Status: _____

Effective Date: _____

Issuing State: _____

Profession: _____

Company Name: _____

License Number: _____

License Status: _____

Effective Date: _____

Issuing State: _____

Profession: _____

Company Name: _____

License Number: _____

License Status: _____

Effective Date: _____

AFFIDAVIT CLAIMING NO EMPLOYEES:

Applicant's Business Legal Name: _____

I being first duly sworn declare under penalty of perjury as follows:

I am authorized to sign this Affidavit on behalf of the above named applicant. The applicant does not at the present time hire employees and does not intend to do so within the foreseeable future. If the applicant later wishes to begin hiring employees, the applicant will first register with each of the payroll tax authorities and obtain workers' compensation insurance and provide evidence of each registration and a certificate of workers' compensation insurance to DOPL. The applicant is being granted an exemption to the requirements of Utah Code Ann. Sections 58-55-302(2)(a) and (c) based upon this affidavit and agreement. The applicant's failure to fulfill the above requirements will be considered unprofessional conduct and may be the basis for disciplinary action which could include a warning, reprimand, probation, suspension, or revocation of the applicant's contractor license. This affidavit is considered a public document and may be released to any party including payroll tax authorities.

Signature of Applicant or Applicant's Representative: _____

Date of Signature: _____

RESIDENCE LIEN RECOVERY FUND EXEMPTION CERTIFICATE*:

I being first duly sworn declare under penalty of perjury as follows:

I am authorized to sign this Certificate of Exemption from Registration on behalf of the above named applicant. I hereby certify that the above named applicant is applying for a contractor license in a classification that is not subject to automatic registration with the Residence Lien Recovery Fund under Title 31, Chapter 11, U.C.A. I hereby certify that the above named applicant will NOT be providing qualified services for residential housing construction, as defined in Utah Code Ann. Section 38-11-2(15), and is not required to register with the Residence Lien Recovery Fund as set forth in the provisions of Title 31, Chapter 11, U.C.A. I acknowledge that false certification of exemption from registration with the Fund may result in the loss of the above named licensee's license and possible criminal prosecution. I recognize that by certifying that the applicant is exempt from registration with the Residence Lien Recovery Fund, the applicant will not be entitled to make claims against or recover from the Fund.

Exempt Classifications include:

E100 General Engineering Contractor	S440 Sign Installation Contractor
S211 Boiler Installation Contractor	S441 Non Electrical Outdoor Ad Sign Contractor
S213 Industrial Piping Contractor	S450 Mechanical Insulation Contractor
S262 Gunnite and Pressure Grouting Ctr.	S470 Petroleum System Contractor
S320 Steel Erection Contractor	S480 Piers and Foundations Contractor
S321 Steel Reinforcing Contractor	I101 General Engineering Trades Instructor
S322 Metal Building Erection Contractor	I102 General Building Trades Instructor
S323 Structural Stud Erection Contractor	I103 General Electrical Trades Instructor
S340 Sheet Metal Contractor	I104 General Plumbing Trades Instructor
S360 Refrigeration Contractor	I105 General Mechanical Trades Instructor

** If the applicant is applying for any classification that is not listed above, the applicant is required to join the fund and pay the fee.*

Signature of Applicant or Applicant's Representative: _____

Date of Signature: _____

CONTRACTOR QUALIFYING QUESTIONNAIRE

GENERAL

Answer “yes” or “no” to each question. Do not leave any question blank.

Answer each question on behalf of the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualifying managing employee, or manager associated with or employed by the applicant.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ Have you ever been denied the right to sit for a licensure examination?
4. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
5. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
6. _____ Have you ever bid construction work or advertised or represented yourself in Utah as a contractor without holding a contractor license?
7. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
8. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
9. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
10. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

(Questions continue on following page.)

11. _____ Have you ever been terminated from a position because of drug use or abuse?
12. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
13. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
14. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
15. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
17. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
18. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
19. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
20. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to question 15, 16, 17, 18, 19, or 20 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

(Information and questions continue on following page.)

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

FINANCIAL RESPONSIBILITY

All applicants must demonstrate financial responsibility before a license can be issued, and financial responsibility must be maintained as long as a license is active*.

Please answer “yes” or “no” to the following. Do not leave any question blank.

1. _____ Do total assets (what is owned) exceed total liabilities (what is owed)?
2. _____ Have all state and federal income taxes, payroll withholding, unemployment, workers’ compensation, and liability insurance premiums been paid as required by law? (Mark “yes” if not applicable.)
3. _____ Have all (if any) judgments, liens, taxes, or child support payments been paid as required? (Mark “yes” if not applicable.)
4. _____ Has any claim paid by the Residence Lien Recovery Fund where any owner, officer, director, or qualifier of the applicant been involved, been reimbursed, in full, as required? (Mark “yes” if not applicable.)
5. _____ Has the applicant ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?

If you answered “no” to any question 1, 2, 3, or 4 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered “yes” to question 5, submit written explanation and all documents and schedules filed with the bankruptcy court. A “no” answer does not necessarily mean the applicant will not be granted a license. However, DOPL may request additional documentation if the information submitted is insufficient.

** If a license is issued and later chosen for audit, the licensee will need to provide to DOPL copies of the financial information the above answers are based upon. Keep a copy of your balance sheet, profit and loss statements, tax returns, etc. for at least two years.*

AFFIDAVIT AND RELEASE AUTHORIZATION

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application for licensure in the State of Utah.

The applicant is qualified in all respects for the license, certificate, or registration for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

Applicant will ensure that any information subsequently submitted to DOPL in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Applicant authorizes all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for DOPL to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Printed Name of Authorized Signer: _____

Signature of Authorized Signer: _____

Date of Signature: _____

AFFIDAVIT OF QUALIFYING EXPERIENCE

PART I - TO BE COMPLETED BY THE APPLICANT'S QUALIFYING INDIVIDUAL:

Use a separate form for each employer. Make copies of this form as necessary.

Qualifier's Name: _____

Qualifier's Social Security Number: _____

Experience Related to Classification (number and name): _____

?? To qualify for the following classifications, the applicant's qualifier must have had within the past 10 years a minimum of four years full-time related experience as an employee of a licensed or exempt contractor, two years of which shall be in a supervisory or managerial position under the direct supervision of a licensed or exempt E100, B100, or R100 contractor. The supervisory experience shall be in the classification for which application is being made:

- E100 General Engineering Contractor
- B100 General Building Contractor
- R100 Residential and Small Commercial Building

?? To qualify for the following classifications, the applicant's qualifier must have had within the past 10 years a minimum of four years full-time related experience as an employee of a licensed or exempt contractor:

S280 General Roofing
S320 Steel Erection
S360 Refrigeration

S290 General Masonry
S350 Heating, Ventilating and Air Conditioning
S370 Fire Suppression

?? To qualify for all other contractor classifications, the applicant's qualifier must have had within the past 10 years a minimum of two years full-time related experience as an employee of a licensed or exempt contractor.

PART II - TO BE COMPLETED BY THE APPLICANT'S QUALIFIER'S EMPLOYER:

I declare under penalty of perjury as follows:

I am the qualifier or authorized signer of a licensed contractor that is engaged in construction activities in the classification specified above, or I am lawfully exempted from licensure, or I am not required to be licensed in the state or jurisdiction in which I perform contracting activities but nevertheless certify that I am a qualified contractor in the classification specified above.

I certify that the applicant's qualifier named herein has obtained qualifying experience as defined

herein while employed during the periods of time specified below and the work was satisfactorily performed. (Additional explanation of the work performed may be submitted on separate pages.)

I understand that "Qualifying Experience" means full-time related work performed in lawful employment as an employee of a contractor lawfully engaged in construction activities in the classification for which the applicant has applied and for which the applicant received W-2 wages.

I understand that the experience of persons working for a contractor as an independent contractor paid on a 1099 form is not acceptable.

Name of Applicant's Qualifier: _____

Date Employment Began: ____/____/____ *Full-time, related employment adds up*

Date Employment Ended: ____/____/____ *to _____ years and _____ months*

Total Hours Worked: _____

Total Hours of Supervisory Experience: _____

Position(s) Held: _____

Description of Experience: _____

Name of Contractor/Employer: _____

Contractor's Telephone Number: _____

License Number and State Where Issued: _____

Printed Name of Authorized Signer: _____

Signature of Authorized Signer: _____

Date of Signature: _____

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY APPLICANT'S QUALIFYING INDIVIDUAL:

If you have passed the trade exam in Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Michigan, Mississippi, Nevada, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, complete the first section of this form, submit it to the applicable state, and request that the state include the examination information on this form and return it to you for submission with your application.

Qualifier's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My social security number is: _____

My date of birth is: _____

My license number in your state is/was: _____

Signature of Applicant's Qualifier: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, place the completed form in a sealed envelope, and provide it to the qualifier in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes

_____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: From what state? _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No

_____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)